



CENTER OF INNOVATIVE AND APPLIED BIOPROCESSING (CIAB)

(A National Institute under Dept. of Biotechnology,
Ministry of Science & Technology, Govt. of India)
C-127, 2nd Floor, Phase-VIII, Industrial Area, S.A.S. Nagar, Mohali-160071
Website: www.ciab.res.in; Tel: 0172-4990232; FAX: 0172-4990204

To be filled in by the candidate	For Office use
Advt. No.	Application S. No: Date of receipt:
Post applied for	
Post Code/Sr. No. if any	

Affix your self-attested recent coloured size passport photograph

1.	Name in full (IN BLOCK LETTERS)			
2.	Please Tick:	Male <input type="checkbox"/>	Female <input type="checkbox"/>	
		Married <input type="checkbox"/>	Unmarried: <input type="checkbox"/>	
3.	Father's/ Husband's Name			
4.	Mother's Name			
5.	Date of Birth:	Place of Birth		
6.	Age (as on 10-07-2015)	Years <input type="text"/>	Months <input type="text"/>	Days <input type="text"/>
7.	Postal Address	<hr/> <hr/> <hr/> <hr/> Pin: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
8.	Phone No. (with STD code)			
9.	Mobile No			
10.	E-mail			

11.	Permanent Home Address	<hr/> <hr/> <hr/> <hr/> Pin: <table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>						
12.	Are you a citizen of India by birth or by domicile?							

13. State 'Yes' if you are Physically Handicapped or are a member of Scheduled Caste/Scheduled Tribe/ Other Backward Class: **(If Yes, Attach an attested copy of the prescribed certificate)**

Physically Handicapped	Scheduled Caste	Scheduled Tribe	Other Backward Class

14. Are you related to any employee(s) of the Department of Biotechnology/Center of Innovative & Applied Bioprocessing Institute?
If Yes, Give Details:

15. Educational/ Professional Qualifications (Class 10th Onwards):

<u>Exam. Passed</u>	<u>Division / % age of marks</u>	<u>Year of Passing</u>	<u>*Duration of the Degree /Diploma</u> From _____ to _____	<u>Board/Univ.</u>	<u>Subject(s)</u>

* Exact dates (day/month/year) of start and completion of degree / certificate of course to be given.

16. Professional Qualification (e.g. Professional Trainings, Courses, workshops etc.)

<u>Exam. Passed</u>	<u>Division/ Grade & % age of marks</u>	<u>Year of Passing</u>	<u>Duration of the training/courses etc.</u>	<u>Institute / Organisation</u>	<u>Subject(s)</u>

17. For the position of Technical Officer

Title of Master's and/or Ph. D Dissertation (if any)

(i) _____

(ii) _____

18. Details of employment (in chronological order):-

<u>Organization</u> (also specify whether Govt./PSU or Autonomous body or /Private)	<u>Post Held</u> (Also specify whether regular or contractual)	<u>Scale of pay/ Pay Band and Grade Pay</u>	<u>State if Pay Scale is Govt.</u> (CDA or IDA)	<u>Duration</u> (Exact dates to be given)		<u>Total period</u> (in years)	<u>Nature of duties</u> (enclosed a separate sheet in case the space is insufficient)
				<u>From</u>	<u>To</u>		

19. Are you at present working in a Government/PSU/Autonomous Body.
(Please write Yes or No)

20. If your answer at 19 (above) is Yes, please state if you are a **Regular Employee or / are an employee on Probation** _____

21. Honours, Awards, additional qualifications/recognition like membership of professional societies etc.

22. Time required for joining: _____

23. Name and address of 3 referees (with email address)

<u>S/ No</u>	<u>Name and Designation</u>	<u>Address</u>	<u>E-Mail ID / Phone No.</u>
1.			
2.			
3.			

24. Additional information, if any, which you would like to mention in support of your suitability for the post. (This among other things may provide information with regard to (i) additional academic qualification (ii) professional training and (iii) work experience over and above the minimum prescribed in the Vacancy Circular / Advertisement). -

(NOTE – Enclose a separate sheet, if the space is insufficient).

25. List of enclosures

<u>S/ No</u>	<u>Enclosures</u>
1.	
2.	
3.	
4.	
5.	
6.	
7.	

DECLARATION BY THE CANDIDATE

I, _____ hereby declare that

1. I have read the provisions in the advertisement notice carefully and hereby undertake to abide by them.
2. No criminal case / disciplinary proceedings from any of the previous / present employer is pending against me.
3. The statements made in the application are true, complete and correct to the best of my knowledge and belief and in the event of any of the information being found false or incorrect or any ineligibility being detected before or after the selection, my candidature is liable to be cancelled and action taken against me.
4. I also agree that CIAB may contact any or all of the above three referees named by me and seek information about me in confidence. I am aware that CIAB is free to act upon such information independently to judge my suitability for the post applied for.

Place:
Date:

Candidate's signature _____

Full name _____

Endorsement by the Head of the Department or Office

Candidate holding a regular / permanent position in Government / Public Sector organization should get the following endorsement signed by his/her present employer

No. _____

Date _____

Forwarded application of Mr./ Ms. _____ (Name & Designation).

It is certified that:

1. The information furnished by Mr./Ms. _____ has been verified from official records and found correct.
2. It is also certified that no disciplinary departmental enquiry is either pending or contemplated against _____ and that he/she is not undergoing any penalty.
3. His/ Her integrity is certified.

Signature.....

Designation.....

Stamp:

SYNOPSIS

(To be submitted along with the completed Application Form)

1.	Position & Advt. No.	
2.	Name	
3.	Address	
4.	Email ID	
5.	Telephone No.	
6.	Date of Birth	
7.	Age (as on 10-07-2015)	

<u>Qualifications</u>				<u>Experience</u>			<u>Additional Or Desirable Qualifications Or Remarks</u>
Graduation		Post-Graduation		Organization And Post Held	Pay Scale & Pay Band and Grade Pay	Period With dates	
Course & (Branch or subjects)	Pass Year (% marks or GPA)	Course & Subject	Pass Year (% marks or CGPA)				

.....Signatures

SELF DESCRIPTION OF QUALIFICATIONS REQUIRED vs. POSSESSED

(To be submitted along with the completed Application Form)

1. Name: _____

2. Date of Birth & Age (as on 10-07-2015): _____

3. Position & Advt. No. _____

Parameter	Required as per Advertisement	Possessed by you with comments, if any
Age		
Educational Qualification 1		
Educational Qualification 2		
Educational Qualification 3		
Other Academic credentials, like Technical leadership		
Other Experience (duration & Nature)		
Professional Skills/Competences Match		
Output/Outcome/Achievements of work		
Other Technical credentials, if applicable		

.....Signatures